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Feb 27 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003528 (6)

1. Corporation Name

AUTHENTIC FITNESS RETAIL INC.



Principal Place of Business

ATTN: ACCOUNTS PAYABLE DEPT.
P.O. BOX 91-1305
COMMERCE CA 90040

Mailing Address

ATTN: ACCOUNTS PAYABLE DEPT.
P.O. BOX 91-1305
COMMERCE CA 90091-1236

3. Date Incorporated or Qualified **07/06/1994** 3a. Date of Last Report **06/06/1996**

4. FEI Number **95-4442062** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **ATTN: FINANCE/TAX**

Suite, Apt. #, etc.

22 **6040 BANDINI BLVD.**

City & State

23 **CITY OF COMMERCE, CA**

Zip Country

24 **90040-2905** 25 **LOS ANGELES**

2a. Mailing Address

26 **ATTN: FINANCE/TAX**

Suite, Apt. #, etc.

27 **6040 BANDINI BLVD.**

City & State

28 **CITY OF COMMERCE, CA**

Zip Country

29 **90040-2905** 30 **LOS ANGELES**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MORONI, SERGIO
STREET ADDRESS	90 PARK AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	BUCHALTER, STUART D.
STREET ADDRESS	601 S. FIGUEROA STREET
CITY - ST - ZIP	LOS ANGELES CA
TITLE	AS <input type="checkbox"/> DELETE
NAME	CHAN, WILLIAM
STREET ADDRESS	7911 HASKELL AVE.
CITY - ST - ZIP	VAN NUYS CA
TITLE	T <input type="checkbox"/> DELETE
NAME	SOHL, NICHOLETTE
STREET ADDRESS	6040 BAUDI BLVD
CITY - ST - ZIP	COMMERCE CA
TITLE	CO <input type="checkbox"/> DELETE
NAME	WACHNER, LINDA
STREET ADDRESS	90 PARK AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	D <input type="checkbox"/> DELETE
NAME	FINKLESTEIN, WILLIAM S
STREET ADDRESS	382 BRAMBLE LEDGE CIRCLE
CITY - ST - ZIP	FAIRFIELD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH A. CALIFANO, JR.
1.3 STREET ADDRESS	152 WEST 57TH STREET
1.4 CITY - ST - ZIP	NEW YORK, NY 10016
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STANLEY S. ARKIN
2.3 STREET ADDRESS	1370 AVE. OF THE AMERICAS, 28TH FLR
2.4 CITY - ST - ZIP	NEW YORK, NY 10019
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM, CHAN
3.3 STREET ADDRESS	6040 BANDINI BLVD.
3.4 CITY - ST - ZIP	COMMERCE, CA 90040
4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT D. WALKER
4.3 STREET ADDRESS	1915 WEDGEWOOD DRIVE
4.4 CITY - ST - ZIP	SANFORD, NC 27320
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WILLIAM S. FINKELSTEIN
6.3 STREET ADDRESS	90 PARK AVENUE
6.4 CITY - ST - ZIP	NEW YORK, NY 10016

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nichollette Sohl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97 **213-726-5471**
Date Daytime Phone #

CR2E034 (9/96)